

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M59081** (3)

1. Corporation Name
OWEN ASSOCIATES, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1450 SHERIDAN STREET
SUITE E17
HOLLYWOOD FL 33020**

Mailing Address
**1450 SHERIDAN STREET
SUITE E17
HOLLYWOOD FL 33020**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/15/1987** 3a. Date of Last Report **04/15/1994**
4. FEI Number **65-0006919** Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**SINGER, BERNARD A.
4700 SHERIDAN ST., BLDG B
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

SIGNATURE

Signature of Registered Agent (print name of registered agent and title of corporation)

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I believe and certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an exhibit.

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SIGNATURE: *Mary Jane Owen*
SIGNATURE AND TITLE OR PRINTED NAME OF MONITOR OFFICER OR DIRECTOR
MARY JANE OWEN

3-1-95 307/921-8580